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Bib Data Sheet

CONFIRMATION NO. 5197

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|---|---|--------------------------------|---|---|
| SERIAL NUMBER 09/713,962 | FILING OR 371(c) DATE 11/15/2000 RULE | CLASS 705 | GROUP ART UNIT 3687 | ATTORNEY DOCKET NO. 320512.02 |
| APPLICANTS Alain T. Rappaport, San Mateo, CA; Eliot Weitz, San Francisco, CA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/166,643 11/19/1999 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/20/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged | | STATE OR COUNTRY CA | SHEETS DRAWING 7 | TOTAL CLAIMS 21 |
| Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 5 | | |
| ADDRESS 69316 | | | | |
| TITLE METHOD, APPARATUS AND SYSTEM FOR COMMUNICATING HEALTHCARE INFORMATION TO AND FROM A PORTABLE, HAND-HELD DEVICE | | | | |
| FILING FEE RECEIVED 1064 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |